

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/30/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15K100	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/19/2014				
NAME OF PROVIDER OR SUPPLIER RELIABLE HOME HEALTHCARE SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 6801 LAKE PLAZA DRIVE, SUITE A107 INDIANAPOLIS, IN 46220						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE					
G 000	<p>INITIAL COMMENTS</p> <p>This visit was a home health Federal complaint investigation survey.</p> <p>Complaint IN00101445 - Unsubstantiated: Lack of sufficient evidence.</p> <p>Survey date: May 19, 2014</p> <p>Facility #: 012999</p> <p>Medicaid #: 201124380</p> <p>Surveyors: Susan E. Sparks, RN, PH Nurse Surveyor</p> <p>Reliable Healthcare Services, Inc. is in compliance as it relates to this complaint Condition of Participation 42 CFR 484.10 Patient Rights; 484.18 Acceptance of patients, plan of care & medical supervision; 484.30 Skilled Nursing Services, 484.48 Clinical Records, and 484.55 Comprehensive Assessment of patients.</p> <p>Facility Census</p> <table border="0"> <tr> <td>Skilled Nurse</td> <td>24</td> </tr> <tr> <td>Home Health Aide Only</td> <td>46</td> </tr> </table> <p>Quality Review: Joyce Elder, MSN, BSN, RN May 30, 2014</p>	Skilled Nurse	24	Home Health Aide Only	46	G 000			
Skilled Nurse	24								
Home Health Aide Only	46								

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.